

NOTIFICATION OF ADDRESS DISCLOSURE REQUEST - PART 1

(74.060 AND 74.12 RCW AND WAC 388-215-1160)

TO: _____

CASE NAME	CASE NUMBER	DATE
CSO NUMBER	TELEPHONE	

This is to inform you that _____, parent of the child(ren) listed below, has asked for the address of their child(ren).

_____	_____
_____	_____
_____	_____

Under state law, the Department of Social and Health Services (DSHS) must give this information to the parent unless you meet at least one of the following conditions within 30 days of the date of this notice:

1. You provide us with a state or tribal court order that tells DSHS not to release the child(ren)'s address or limits the address requesting parent's right to visit or contact their child(ren).
2. You provide us with proof of a pending court case involving abuse or neglect of a child(ren) by the parent requesting the address.
3. You notify us that there is a current investigation by Child Protective Services (CPS) of allegations of abuse or neglect of any child(ren) by the parent requesting the address. At present, we are unaware of any current investigation being conducted by CPS.
4. You have an approved claim of good cause for not cooperating with the collection of child support, or your claim of good cause is still being determined by the department.
5. You request a fair hearing. Please refer to page 2 for further information on fair hearings.

SEE PART 2 FOR IMPORTANT INFORMATION